

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NR		03/15/01
O.I.P.E. CLASSIFIER		12	4/10
FORMALITY REVIEW	1m	708641	4/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-15-02
2	✓	✓	11-15-02
3	✓	✓	11-15-02
4	✓	✓	11-15-02
5	✓	✓	11-15-02
6	✓	✓	11-15-02
7	✓	✓	11-15-02
8	✓	✓	11-15-02
9	✓	✓	11-15-02
10	✓	✓	11-15-02
11	✓	✓	11-15-02
12	✓	✓	11-15-02
13	✓	✓	11-15-02
14	✓	✓	11-15-02
15	✓	✓	11-15-02
16	✓	✓	11-15-02
17	✓	✓	11-15-02
18	✓	✓	11-15-02
19	✓	✓	11-15-02
20	✓	✓	11-15-02
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

MS  
04/20/01